GTP SUMMER CAMP ENROLLMENT/CONTACT INFORMATION

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| **DATE COMPLETED:** |

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| **NAME OF CHILD:** | | **DOB:** |
| **NAME OF CHILD:** | | **DOB:** |
| **MOTHER:**  NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OFFICE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **FATHER:**  NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OFFICE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-MAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **EMERGENCY CONTACTS/INDIVIDUALS AUTHORIZED TO PICK UP:**  NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELATIONSHIP TO CHILD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ---------------------------------------------------------------------------------------------------------------------------------------------  NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  RELATIONSHIP TO CHILD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TAKEN TO THE **NEAREST HOSPITAL** EMERGENCY ROOM. YOUR SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE CHILD CARE FACILITY TO HAVE YOUR CHILD TRANSPORTED TO THAT HOSPITAL. | | |
| CHILD’S PHYSICIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HOSPITAL PREFERENCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **SPECIAL MEDICAL CONDITIONS:**  (ALLERGIES PLEASE LIST; ASTHMA; SEIZURES; OTHER PLEASE LIST) | | |
| **ON-GOING PRESCRIBED MEDICATIONS:** | | |
| **SIGNATURE PARENT/GUARDIAN:** | | |
| **DATE:** | | |

**PLEASE INDICATE WHICH WEEKS YOUR CHILD WILL ATTEND:**

**\_\_\_\_\_ June 9 - 13 Beach \_\_\_\_\_ July 7 - 11 World Explorer**

**\_\_\_\_\_ June 16 - 20 Agriculture \_\_\_\_\_ July 14 - 18 Art**

**\_\_\_\_\_ June 23 - 27 Kentucky \_\_\_\_\_ July 21 - 25 Music & Dance**

**\_\_\_\_\_ June 30 - July 4 America \_\_\_\_\_ July 28 - August 1 Science**

**\_\_\_\_\_ August 4 - 8 Field Day Week**

MEDICAL RELEASE/EMERGENCY CONSENT

**MEDICAL RELEASE/EMERGENCY CONSENT FOR TREATMENT OF A MINOR**

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| 1. I HEREBY GRANT WRITTEN PERMISSION FOR GROWING TOGETHER PRESCHOOL, INC. PERSONNEL TO INSTITUTE EMERGENCY MEDICAL PROCEDURES, IF WARRANTED, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING:  A. ATTEMPT TO CONTACT PARENT/GUARDIAN.  B. ATTEMPT TO CONTACT PARENT/GUARDIAN THROUGH INDIVIDUALS LISTED AS EMERGENCY CONTACTS.  C. IF PARENT/GUARDIAN CANNOT BE CONTACTED, THE FOLLOWING MAY BE INSTITUTED:  1. EMERGENCY PROCEDURES ACTIVATED (911)  2. PARAMEDICS/AMBULANCE DISPATCHED  D. ANY EXPENSES INCURRED BY (C) ABOVE, WILL BE THE RESPONSIBILITY OF THE FAMILY.  2. I HEREBY GRANT WRITTEN PERMISSION FOR THE HOSPITAL/EMERGENCY FACILITY TO RENDER EMERGENCY MEDICAL CARE DEEMED APPROPRIATE BY THE EMERGENCY MEDICAL STAFF UNTIL I CAN BE CONTACTED.  3. ONLY PARENT OR LEGAL GUARDIAN CAN AUTHORIZE EMERGENCY MEDICAL TREATMENT OF A MINOR.  4. SHOULD THE CHILD’S MEDICAL STATUS CHANGE AT ANY TIME DURING ENROLLMENT, THE PRESCHOOL IS TO BE NOTIFIED.  5. SHOULD THE CHILD REQUIRE MEDICATION DURING PRESCHOOL HOURS, WRITTEN PERMISSION IS REQUIRED FOR ADMINISTRATION. FORMS ARE LOCATED IN MAIN OFFICE. |

**EMERGENCY INFORMATION**

|  |  |
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| 1. NAME OF MINOR | DOB: |

|  |  |
| --- | --- |
| 2. PARENT/GUARDIAN: | PHONE: (H)  (W) |
| PARENT GUARDIAN: | PHONE: (H)  (W) |
| 3. EMERGENCY CONTACT: | PHONE: |
| 4. PHYSICIAN: | PHONE: |
| 5. DENTIST: | PHONE: |

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| --- |
| 6. HOSPITAL PREFERENCE: (LOCAL LEXINGTON) |

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| 7. SPECIAL MEDICAL CONDITIONS: |

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| 8. ON-GOING MEDICATIONS: |

IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL EMERGENCY ROOM. YOUR SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT

THIS FACILITY TO HAVE YOUR CHILD TRANSPORTED TO THAT HOSPITAL.

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| --- | --- |
| DATE OF AGREEMENT: |  |
| PARENT/GUARDIAN SIGNATURE: |  |
| PRESCHOOL PERSONNEL SIGNATURE: |  |

GROWING TOGETHER PRESCHOOL, INC.

PHOTO RELEASE FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s Name)

**Website**

I authorize GTP to use pictures of my child on the website, [www.GrowingTogetherPreschool.org](http://www.GrowingTogetherPreschool.org). Right click is disabled on the website.

\_\_\_\_\_\_ I consent to pictures \_\_\_\_\_\_\_\_ No pictures please

**Public Relations**

I authorize GTP to use pictures of my child for public relationship purposes (event display, fair booths, advertisements)

\_\_\_\_\_\_ I consent to pictures \_\_\_\_\_\_\_\_ No pictures please

**Yearbook/Scrapbook**

I authorize GTP to use pictures of my child in a yearbook/scrapbook to be distributed to GTP families.

\_\_\_\_\_\_ I consent to pictures \_\_\_\_\_\_\_\_ No pictures please

**Identifying Information**

I authorize GTP to use my child’s identifying information (first name, age)

\_\_\_\_\_\_ Identifying information may be used with pictures

\_\_\_\_\_\_ Identifying information may be used without pictures (comments, funny stories, artwork)

\_\_\_\_\_\_ Do not use any of my child’s identifying information

**Social Media**

I authorize GTP to use pictures of my child on Facebook and Twitter.

\_\_\_\_\_\_ I consent to pictures \_\_\_\_\_\_\_\_ No pictures please

I hereby grant Growing Together Preschool, Inc. permission to use my child’s likeness in the above authorized conditions without payment or any other consideration. I understand and agree that these materials will become the property of Growing Together Preschool, Inc. I hereby certify that I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian’s Signature) (Date)